

**TRANSMITTAL OF APPEAL BRIEF**Docket No.
SHO-0045

In re Application of: Nobuyuki NONAKA

Application No.
10/697,237-Conf. #9024Filing Date
October 31, 2003Examiner
R. E. MosserGroup Art Unit
3714

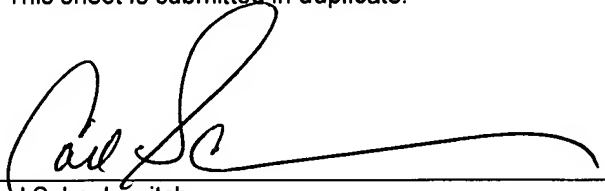
Invention: GAMING MACHINE

TO THE COMMISSIONER OF PATENTS:

Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal
filed: November 16, 2010 .

The fee for filing this Appeal Brief is \$ 540.00 .☒ Large Entity☐ Small Entity☒ A petition for extension of time is also enclosed.The fee for the extension of time is \$ 1,110.00 .☐ A check in the amount of _____ is enclosed.☒ Charge the amount of the fee to Deposit Account No. 18-0013 .☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge any additional fees that may be required or
credit any overpayment to Deposit Account No. 18-0013 .
This sheet is submitted in duplicate.


Carl Schaukowitch
Attorney Reg. No. 29,211
RADER, FISHMAN & GRAUER PLLC
1233 20th Street, N.W.
Suite 501
Washington, DC 20036
(202) 955-3750

Dated: November 16, 2010

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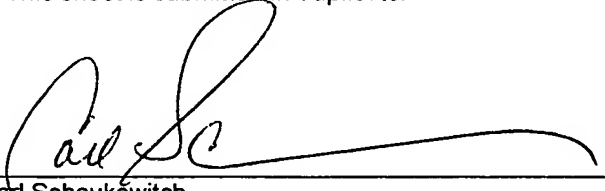
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 2,190.00

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | 10/697,237-Conf. #9024 |
| Filing Date | October 31, 2003 |
| First Named Inventor | Nobuyuki NONAKA |
| Examiner Name | R. E. Mosser |
| Art Unit | 3714 |
| Attorney Docket No. | SHO-0045 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

Total Claims 8 -20 or HP x Fee (\$)= Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 4 - 4 or HP = x Fee (\$)= Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets /50 = Number of each additional 50 or fraction thereof Fee (\$)= Fee Paid (\$)

4. OTHER FEE(S)

| | | |
|--|--|----------|
| Non-English Specification, \$130 fee (no small entity) | | |
| Other (e.g., late filing surcharge): | 1253 Extension for response within third month | 1,110.00 |
| | 1401 Notice of Appeal | 540.00 |
| | 1402 Filing a brief in support of an appeal | 540.00 |

SUBMITTED BY

| | | | | |
|-------------------|-----------------------------------|--------|-----------|-------------------|
| Signature | Registration No. (Attorney/Agent) | 29,211 | Telephone | (202) 955-3750 |
| Name (Print/Type) | Carl Schaukowitch | | Date | November 16, 2010 |



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

| | | | |
|--|--|--------------------------|------------------------|
| FEE TRANSMITTAL For FY 2009 | | Complete if Known | |
| | | Application Number | 10/697,237-Conf. #9024 |
| | | Filing Date | October 31, 2003 |
| | | First Named Inventor | Nobuyuki NONAKA |
| | | Examiner Name | R. E. Mosser |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 3714 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 2,190.00 |
| | | Attorney Docket No. | SHO-0045 |

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☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

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| Each claim over 20 (including Reissues) | 52 | 26 |
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| | | | | |
|---------------------|---------------------|-----------------|----------------------|--------------------------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
| 8 | -20 or HP | x | = | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 4 | -4 or HP | x | = |

HP = highest number of independent claims paid for, if greater than 3.

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| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
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| - 100 = | /50 = | (round up to a whole number) x | = | |

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| Signature | Registration No. (Attorney/Agent) 29,211 |
| Name (Print/Type) Carl Schaukowitch | Telephone (202) 955-3750 |
| | Date November 16, 2010 |